

ADMINISTRATIVE OFFICE OF THE COURTS OF GEORGIA
GEORGIA COMMISSION ON INTERPRETERS
ORIENTATION and ENGLISH WRITTEN EXAM
REGISTRATION APPLICATION

Directions: Please complete the entire application. Do not leave any fields blank. Our office requires all information in order to process your request. INCOMPLETE APPLICATIONS WILL BE RETURNED.

APPLICANT INFORMATION

PLEASE PRINT OR TYPE

PREFIX: (Mr./Mrs./Ms.)				DATE:	
FIRST NAME:				DATE OF BIRTH:	
MIDDLE NAME:				LAST 4 DIGITS OF SSN:	
LAST NAME:				LANGUAGE(s):	
CURRENT ADDRESS:					
CITY:		STATE:		ZIP:	
COUNTY:					

PERSONAL CONTACT INFORMATION

Home Phone:		Work Phone:	
Cell Phone:			
Email Address:			

PAYMENT INFORMATION AND OPTIONS

APPLICATION AND PAYMENT MUST BE RECEIVED BY THE DEADLINE. FAXED APPLICATIONS WILL NOT BE ACCEPTED. Registration fee is \$250 for Georgia residents and \$275 for non-residents. Please note: Priority will be given to Georgia residents. A \$35.00 FEE WILL BE ASSESSED FOR ALL RETURNED CHECKS.

Method of payment (check one)

<input type="checkbox"/> MONEY ORDER	<input type="checkbox"/> PERSONAL CHECK	<input type="checkbox"/> COMPANY CHECK
		Amount Enclosed: \$
Please select the 2-day orientation you are interested in attending: <ul style="list-style-type: none"> ○ February 28 and March 1, 2014:TBD ○ May 14 and 15, 2014: Atlanta ○ August 20 and 21, 2014: Morrow ○ November 12 and 13, 2014: TBD 		Please select the date you would like to take the English written exam: Please note, you can select <u>any</u> of the testing dates, not necessarily the one following the selected orientation. <ul style="list-style-type: none"> ○ March 7, 2014: TBD ○ May 16, 2014: Atlanta ○ August 22, 2014: Morrow ○ November 14, 2014:TBD

Disability Disclaimer: If you require special accommodations due to a disability recognized by the Americans with Disabilities Act (ADA), please notify our office at least 2 weeks in advance of the event.

I, the undersigned applicant, do understand that submitting this application and attending the orientation is a first step toward licensure and does not confer upon me a certified or registered status with the Commission. Until I have completed all of the requirements for certification or registration, and receive formal notification of such from the Commission, I will not represent myself to be a Commission licensed court interpreter. Nevertheless, if authorized by a court of the State of Georgia to translate or interpret oral or written communication in a foreign language during court proceedings, I agree to comply with the Code of Professional Responsibility for Court Interpreters pursuant to the Supreme Court of Georgia's Rule on the Use of Interpreters for Non-English Speaking Persons.

Signature of applicant	Date
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Mail completed form and registration fee to:
 Georgia Commission on Interpreters, 244 Washington Street, Suite 300, Atlanta, GA 30334